



**Service of Process
Transmittal**

08/09/2021

CT Log Number 540041292

TO: Kim Lundy- Email
Walmart Inc.
702 SW 8TH ST
BENTONVILLE, AR 72716-6209

RE: **Process Served in Tennessee**

FOR: WALMART INC. (Domestic State: DE)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: Street Glenda, Pltf. vs. Walmart, Inc., Dft.
Name discrepancy noted.

DOCUMENT(S) SERVED: Summons, Complaint, Attachment(s)

COURT/AGENCY: Dyer County 29th Judicial District Circuit Court, TN
Case # 21CV35

NATURE OF ACTION: Personal Injury - Slip/Trip and Fall - 02/10/2021, Walmart located at 2650 lake road,
Dyersburg, TN

ON WHOM PROCESS WAS SERVED: C T Corporation System, Knoxville, TN

DATE AND HOUR OF SERVICE: By Process Server on 08/09/2021 at 09:52

JURISDICTION SERVED : Tennessee

APPEARANCE OR ANSWER DUE: Within 30 days after service, exclusive of the day of service

ATTORNEY(S) / SENDER(S): Marianna Williams
Ashley & Arnold
322 Church Ave., N.
P.O. Box H
Dyersburg, TN 38025
731-285-5074

ACTION ITEMS: CT has retained the current log, Retain Date: 08/09/2021, Expected Purge Date:
08/14/2021

Image SOP

REGISTERED AGENT ADDRESS: C T Corporation System
300 Montvue RD
Knoxville, TN 37919
877-564-7529
MajorAccountTeam2@wolterskluwer.com

The information contained in this Transmittal is provided by CT for quick reference only. It does not constitute a legal opinion, and should not otherwise be relied on, as to the nature of action, the amount of damages, the answer date, or any other information contained in the included documents. The recipient(s) of this form is responsible for reviewing and interpreting the included documents and taking appropriate action, including consulting with its legal and other advisors as necessary. CT disclaims all liability for the information contained in this form, including for any omissions or inaccuracies that may be contained therein.

STATE OF TENNESSEE
IN THE CIRCUIT COURT FOR DYER COUNTY, TENNESSEE

GLENDY STREET,
Plaintiff

SUMMONS

VS.

CIVIL ACTION NO. 21-CV-35

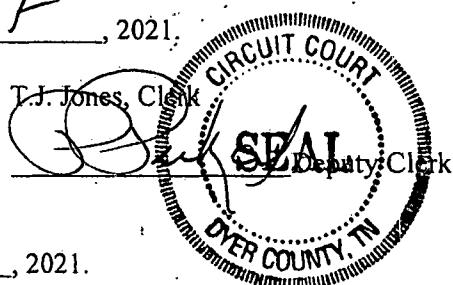
WALMART, INC.
Defendant

To the above-named Defendant:

Walmart, Inc.
c/o CT Corporation System
300 Montvue Road
Knoxville, TN 37919

You are hereby summoned to answer the Complaint served upon you and you are required to serve an answer and copy (That is your answer and copy thereof) upon (ON) Plaintiff's attorney Marianna Williams whose address is 322 N. Church Ave., P.O. Box H, Dyersburg, Tennessee 38025 within thirty (30) days after service of this Summons upon you, exclusive of the day of service upon you. If you fail to defend this action within thirty (30) days after service, exclusive of the day of service upon you, judgment by default will be rendered against you for the relief sought in the Complaint.

Tested and Issued this 4 day of August, 2021,



SEAL OF COURT

Received this 6th day of August, 2021.

Sheriff Charles A. McBee Deputy Sheriff

RETURN

I certify and make return that I served this Summons, together with a copy of the Complaint as follows:

A. I delivered a copy of the summons and Petition to the Defendant personally at his/her residence at CT CORPORATION, c/o STANLEY GLOWE, 300 MONTVUE RD, KNOXVILLE TN 37919

B. I failed to serve this summons within 30 days after its issuance because _____

8/9/21 Sheriff Charles A. McBee Deputy Sheriff

COPY

IN THE CIRCUIT COURT OF DYER COUNTY, TENNESSEE
FOR THE 29TH JUDICIAL DISTRICT AT DYERSBURG

FILED
TOM "TJ" JONES
CIRCUIT CLERK
AUG 04 2021
AM PM
D.C.

GLENDY STREET

Plaintiff,

Vs.

Civil Action No: 21-CV-35
Jury Demanded

WALMART, INC.

Defendant,

COMPLAINT

Plaintiff, Glenda Street, files this Complaint against Defendant, and in support shows as follows:

I. PARTIES

1. Plaintiff is a resident of Dyersburg, Dyer County, Tennessee.
2. Upon information and belief, the business located at 2650 Lake Road, Dyersburg, Dyer County, Tennessee where all or part of the incident which is the subject of this action occurred is Walmart #677 which is owned and/or controlled by Walmart, Inc.
3. Defendant, Walmart, Inc. is a foreign company, domiciled in Arkansas, that is registered to do business in Tennessee and that can be served with process by serving its registered agent: CT Corporation System located at 300 Montvue Road, Knoxville, Tennessee 37919. The Defendant owns a business at 2650 Lake Road, Dyersburg, Dyer County, Tennessee where all or part of the

incident which is the subject of this action occurred and was responsible for the negligence of its employees engaged in the normal and regular course of their employment with the Defendant. Plaintiff was shopping in Defendant's store and suffered injuries when she slipped and fell on a clear liquid substance that appeared to be water. Employees of the Defendant knew or should have known water was located on the floor of the Defendant's store and caused a dangerous condition. The employees of Defendant were acting in the course and scope of their agency/employment at all times relevant to this action.

II. JURISDICTION AND VENUE

4. This Court has jurisdiction over this action pursuant to inter alia, Tenn. Code Ann. § 16-10-101.
5. Venue is proper in this Court pursuant to inter alia, Tenn. Code Ann. § 20-4-101, because all or part of this cause of action arose within Dyer County, Tennessee.

III. FACTUAL ALLEGATIONS

6. On or about February 10, 2021, Plaintiff was a patron at Walmart located at 2650 Lake Road, Dyersburg, Tennessee.
7. The Plaintiff was on the Defendant's property during normal business hours.
8. In the early afternoon of February 10, 2021, Plaintiff was shopping in Defendant's store near aisle 7 when she proceeded to walk toward the deli area and her foot slipped in a clear liquid substance believed to be water which caused her to fall to the floor. After her fall, Plaintiff noticed what appeared

to be a puddle of water located near a food freezer/cooler in the area where she fell. There was no "caution" or "wet floor" signs or cones located in or near the area where the Plaintiff fell.

9. As a result of the alleged negligence of the Defendant and its employees, the Plaintiff sustained serious and painful bodily injuries requiring her to receive medical care. Plaintiff's injuries were the foreseeable result of the alleged negligence of the Defendant and its employees.

10. Defendant owed a duty of care to prevent injury as a result of negligent employees and/or agents under its control.

11. Defendant further breached its duty by failing to train its employees and/or agents to prevent harm to its patrons which included the Plaintiff.

12. The actions and/or inactions of the Defendant, its agents or employees, were the proximate and actual cause and cause in fact of Plaintiff's damages.

13. Defendant's breach of the above duties proximately caused the injuries and damages suffered by the Plaintiff. As a direct result of the actions and/or inactions alleged herein, Plaintiff has incurred medical bills and will continue to incur future medical bills, suffered severe and permanent physical injuries, and endured emotional distress and pain and suffering and will likely continue to suffer from these injuries for the rest of her life.

IV. DAMAGES

14. As a direct and proximate result of the Defendant's negligence, Plaintiff suffered, and will continue to suffer pain, bodily injuries, extreme emotional

anguish, and medical bills. Plaintiff is entitled to recover damages for her personal injuries. In this regard, Plaintiff is entitled to recovery of all reasonable and necessary medical expenses incurred and which she may incur in the future because of this accident. She is also entitled to recovery for her past and future physical and emotional pain and suffering, permanent disfigurement, and all other incidental damages caused by the Defendant's actions and omissions.

15. Due to the injuries sustained, Plaintiff incurred the following medical bills:

West Tennessee Healthcare-Dyersburg Hospital-\$2,029; Nichols Park Emergency Physicians, LLC-\$970; Independent Radiology-\$111; and West Tennessee Bone & Joint Clinic, P.C.-\$298. Pursuant to TCA §24-5-113, Plaintiff's medical bills are attached hereto as Exhibit "A" which total \$3,408 and are prima facie evidence of the necessity and reasonableness of Plaintiff's medical bills.

WHEREFORE, PREMISES CONSIDERED, Plaintiff prays:

- A. That proper process issue and be served upon Defendant and that it be required to appear and answer this Complaint within the time required by law;
- B. That Glenda Street be awarded a judgement of \$250,000.00 for compensatory damages for her personal injuries sustained as a result of Defendant's negligence and or the maximum amount recoverable under Tennessee law.
- C. That Plaintiff be awarded such other and further relief to which she is entitled.

The Plaintiff demands a jury of 12 to hear her cause.

ASHLEY & ARNOLD

By: 
Marianna Williams (#007199)

Counsel Address:

322 Church Ave. N.; P.O. Box H
Dyersburg, Tennessee 38025
731 285 5074—Telephone
731 285 5089—Facsimile
marianna@ashleyarnold.com

Cost Bond

Ashley & Arnold acknowledges itself surety for the costs of this cause in an amount not to exceed \$1,000.00.

By: Marianna Williams
Marianna Williams

OATH

State of Tennessee
County of Dyer

I, Glenda Street, affirm and attest that I have read the foregoing Complaint and aver that it is true and correct to the best of my current knowledge, information and belief.

Glenda Street
Glenda Street

Sworn to and Subscribed before Me on this the 11th day of June, 2021.

Notary Public: Amy P. Fuller

My Commission Expires: 2-15-22

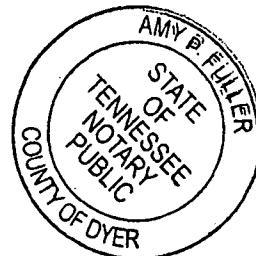


EXHIBIT A

ITEMIZED BILL REPORT

SERVICE ADDRESS: WEST TENNESSEE HEALTHCARE DYERSBURG HOSP BILLING ADDRESS: DYERSBURG HOSPITAL
PO BOX 505342
ST LOUIS, MO 631505342

PATIENT NAME: STREET, GLENDA J Patient FIN: 120106318 GUARANTOR: STREET, GLENDA J
770 CIRCLE DR FIN CLASS: MEDICARE 770 CHRISTIE ST LOT 60
DYERSBURG, TN 380245917 INS NAME: MEDICAID TN DYERSBURG, TN 38024

ADMIT DT/TM: 02/10/2021 13:50 GROUP: TNMCD000
DISCHARGE DT/TM: 02/10/2021 15:35 POLICY: 719721557 PATIENT TYPE: Emergency

REVENUE SECTION

REVENUE CODE	DESCRIPTION
0250	PHARMACY

SERVICE DATE	CDM	DESCRIPTION	QTY	AMOUNT
02/10/21	7509600	ibuprofen 200 mg oral tablet	2.00	0.00
02/10/21	7531597	acetaminophen-HYDROcodone 325 mg-7.5 mg oral tablet	1.00	6.00
			SUBTOTAL	6.00

REVENUE CODE	DESCRIPTION
0320	DX X-RAY

SERVICE DATE	CDM	DESCRIPTION	QTY	AMOUNT
02/10/21	7305183	XR Knee One or Two Views Bilateral	1.00	300.00
02/10/21	7305199	XR Ankle Complete Left	1.00	294.00
			SUBTOTAL	594.00

REVENUE CODE	DESCRIPTION
0450	EMERG ROOM

SERVICE DATE	CDM	DESCRIPTION	QTY	AMOUNT
02/10/21	5000084	FCT ED 99284 - LEVEL IV	1.00	1,429.00
			SUBTOTAL	1,429.00
			GRAND TOTAL	2,029.00

PAYMENTS AND ADJUSTMENTS

REMIT DATE	POST DATE	DESCRIPTION	TYPE	AMOUNT
03/02/2021	03/04/2021 13:07	C/A MEDICARE	Adjustment	-1,091.11
03/02/2021	03/04/2021 13:07	C/A MEDICARE	Adjustment	-,300.00
03/02/2021	03/04/2021 13:07	C/A MEDICARE	Adjustment	-,294.00
03/02/2021	03/04/2021 13:07	MEDICARE PAYMENT	Payment	0.00
03/02/2021	03/04/2021 13:07	MEDICARE PAYMENT	Payment	-,270.31
03/02/2021	03/04/2021 13:07	MEDICARE PAYMENT	Payment	0.00
03/02/2021	03/04/2021 13:07	MEDICARE PAYMENT	Payment	0.00
03/05/2021	03/05/2021 09:21	PREBILL NONCOV SELF ADMIN DRUGS CREDIT	Adjustment	-6.00
03/15/2021	03/15/2021 16:57	C/A MEDICAID	Adjustment	-67.58
03/15/2021	03/15/2021 16:57	MEDICAID PAYMENT	Payment	0.00
		Total P&A:		-2,029.00

ITEMIZED BILL REPORT

SERVICE ADDRESS: WEST TENNESSEE HEALTHCARE DYERSBURG HOSP BILLING ADDRESS: DYERSBURG HOSPITAL
PO BOX 505342
ST LOUIS, MO 631505342

PAYMENTS AND ADJUSTMENTS continued

REMIT DATE	POST DATE	DESCRIPTION	TYPE	AMOUNT
		Current Total Balance:		0.00
		Current Insurance Balance:		0.00
		Current Patient Balance:		0.00

NICHOLS PARK EMERG PHYS, LLC
 PO BOX 37858
 PHILADELPHIA, PA 19101-7858

DTN

STATEMENT OF ACCOUNT (0)

Page 1

Statement Date: 06/24/21

Account Number: DTN1201063185

Patient Name: GLENDA J STREET

TAX ID# 45-4521348
 042014-0001201063185-01
 #BWNJFDB
 #000000DTN5308231#
 GLENDA J STREET
 770 CIRCLE DR
 DYERSBURG, TN 38024

Amount You Owe: \$0.00

Services provided at:

WEST TN HEALTHCARE DYERSBURG HOSP - 400 TICKLE STREET - DYERSBURG TN 38024-3120

Date of Service	CPT Code	Description	Provider	Charges	Payments or Adjustments	Explanation	Amount You Owe
02/10/2021	99283	EMERG INJURY EVAL & MGMT-LVL 3	DR. GARABEDIAN	\$970.00	\$970.00	1,2,3	\$0.00
1. MEDICARE CONTRACTUAL ALLOWANCE							
2. MEDICARE PAYMENT							
3. MEDICAID CONTRACTUAL ALLOWANCE							

Total Charges: \$970.00

Current Patient Responsibility: \$0.00

Insurance Information:

Insurance 1: Palmetto Gba - MEDICARE

Insurance 2: TennCare/Provider Relations - TENN MEDICAID

INDEPENDENT RAD. ASSOC. PLC
PO BOX 1296
DYERSBURG, TN 38025-1296

731 285-2346

002772734

06/22/21

TAX ID#: 62-1017562

.00

GLEND A J STREET
770 CIRCLE DR
DYERSBURG, TN 38024-5917

INDEPENDENT RAD. ASSOC. PLC
PO BOX 1296
DYERSBURG, TN 38025-1296

002772734

PREVIOUS BALANCE

02/10/21	1	GLEND A	23	73610/26M25.572	ANKLE, COMP. MIN OF 3	39.00
02/10/21	1	GLEND A	23	73560/26M25.562	KNEE, AP AND LAT.	36.00
02/10/21	1	GLEND A	23	73560/26M25.561	KNEE, AP AND LAT.	36.00
03/02/21			901		MEDICARE PAYMENT	19.54-
03/02/21			801		MEDICARE ADJ	86.86-
03/02/21		B#: 23023 CK: 803126806		MEDICARE		
03/02/21			144		INCENTIVE ADJUSTMENT	.24
03/12/21			903		MEDICAID PAYMENT	.77-
03/12/21			803		MEDICAID ADJ.	4.07-
03/12/21		B#: 23496 CK#: 105567961		TN MEDICAID		

06/22/21 .00

1 JONES, MARK A., M.D.

2
3
4

Your insurance has paid their portion of the above charges. The balance due is your responsibility. Please remit promptly. Thank you.

INDEPENDENT RAD. ASSOC. PLC
PO BOX 1296
DYERSBURG, TN 38025-1296

LOCATION OF SVC: WEST TN HEALTHCARE

731 285-2346

**WEST TENNESSEE BONE &
JOINT CLINIC, P.C.**

printed 04/05/2021 11:28 AM

WEST TN BONE & JOINT CLINIC, P.C.
 PO BOX 5483
 BELFAST, ME 04915-5400
 billing phone: (731) 410-2305

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME
GLEND A STREET 770 CIRCLE DR DYERSBURG, TN 38024-5917	242970	GLEND A STREET
	DOB	HOME TELEPHONE
		06/28/1963 (731) 377-0760

Billing Summary

Claim ID	Procedure	Diagnosis	Date of Service	Post Date	Type	Reason	Plan	Supervising Provider	Ins. 1	Ins. 2	Patient
1015223	99203	S93402A	02/25/2021	03/05/2021	CHARGE		99203 MEDICARE-TN (MEDICARE)	LEIGH BRANDEBERRY	\$210.00		
1015223	99203	S93402A	02/25/2021	03/23/2021	PAYMENT		ACH 3726 MEDICARE-TN (MEDICARE)	LEIGH BRANDEBERRY	\$-71.67		
1015223	99203	S93402A	02/25/2021	03/23/2021	ADJUSTMENT	CONTRACTUAL (37217)	MEDICARE-TN (MEDICARE)	LEIGH BRANDEBERRY	\$-120.41		
1015223	99203	S93402A	02/25/2021	03/23/2021	TRANSFERIN	COINSURANCE	MEDICAID-TN (MEDICAID)	LEIGH BRANDEBERRY	\$-17.92	\$17.92	
1015224	L1902,KX,GA,LT	S93402A	02/25/2021	03/05/2021	CHARGE	L1902,KX,GA,LT	CGS (MEDICARE DME REGION C)	LEIGH BRANDEBERRY	\$88.00		
1015224	L1902,KX,GA,LT	S93402A	02/25/2021	03/23/2021	PAYMENT		ACH 2275 CGS (MEDICARE DME REGION C)	LEIGH BRANDEBERRY	\$-61.68		
1015224	L1902,KX,GA,LT	S93402A	02/25/2021	03/23/2021	ADJUSTMENT	CONTRACTUAL (37215)	CGS (MEDICARE DME REGION C)	LEIGH BRANDEBERRY	\$-10.80		
1015224	L1902,KX,GA,LT	S93402A	02/25/2021	03/23/2021	TRANSFERIN	COINSURANCE	MEDICAID-TN (MEDICAID)	LEIGH BRANDEBERRY	\$-15.42	\$15.42	
SUBTOTALS FOR THIS FILTER								\$0.00	\$33.34	\$0.00	
TOTAL CHARGE OUTSTANDING AS OF 04/05/2021								\$0.00	\$33.34	\$0.00	

